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## APG COVID-19 Member Update

### April 20, 2020

Dear APG Members:

As this unprecedented health crisis continues, APG remains active in advocating on behalf of your practice and the patients and communities you serve. We will keep you updated with the very latest on COVID-19, any changes in legislation or regulations that you need to know, and best practices that some of your colleagues are implementing to help address this global challenge.

### By The Numbers:

According to the [Johns Hopkins Coronavirus Resource Center](#), there are **2,422,525 cases of coronavirus worldwide**. This includes **760,245 cases in the United States**, which leads all other countries in number of cases.

### Federal Update:

#### **Release of Additional Financial Assistance for Providers Delayed**

APG has recently learned that the release of an additional \$50 billion from the \$100 billion Public Health and Social Services Emergency Fund (PHSSEF) to assist providers amidst the COVID-19 pandemic will be delayed. The second distribution seeking to address Medicare Advantage (MA), uninsured, and Medicaid provider payments has reportedly run into issues due to the difficulty in calculating appropriate

payment amounts for the programs, particularly when it comes to compensating physician practices appropriately.

APG has been active in advocating before CMS on this issue and will continue to monitor its progress closely in order to ensure the best possible outcome for members. It is expected that those payments will be distributed by the end of month.

### **Administration Releases Phase-In Approach for Reopening the Economy**

Last week, the Trump administration released a three-phase approach to ending stay-at-home orders and reopening the economy. Entitled [Opening Up America Again](#), the guidelines are based on up-to-date data and readiness and may be implemented at the discretion of governors' offices. States are recommended to meet the following criteria before beginning the three-phase process:

- A downward trajectory of flu-like illnesses and COVID-19 cases reported within a 14-day period
- A downward trajectory of documented cases or positive tests as a percent of total tests, within a 14-day period
- Hospitals that treat patients without crisis care and have a robust testing program in place for at-risk healthcare workers, including antibody testing

States' and healthcare facility preparedness responsibilities include:

- Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
- Ability to test for COVID-19 and trace contacts of COVID+ results
- Ensure surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced
- Ability to quickly and independently supply Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
- Ability to surge ICU capacity
- Protect employees and users of mass transit
- Advise citizens regarding social distancing and face coverings
- Monitor conditions and immediately take steps to limit and mitigate any resurges or outbreaks by restarting a phase or returning to an earlier phase

During phase one of the guidelines:

- Social distancing should remain in place with no more than 10 people congregating at once in public
- Non-essential travel should be minimized and the Centers for Disease Control and Prevention (CDC) guidelines for self-isolation should be followed
- Schools, daycare centers, and camps should remain closed, visits to senior living homes and hospitals should be prohibited
- Large venues (e.g. dine-in restaurants, movie theaters, and sports venues) can reopen under strict physical distancing protocols
- Employers should encourage telework and, if possible, return to work in phases
  - If returning to work, close common areas or enforce strict social distancing protocols

Phase two calls for:

- Individuals vulnerable to COVID-19 (the elderly, people with serious underlying health conditions such as diabetes, obesity, asthma, chronic lung disease, compromised immune systems) to continue to stay at home but raising the acceptable amount of people congregating in social settings to 50
- Non-essential travel can resume under this phase, but remote working should continue to be encouraged

Phase three:

- Allows vulnerable individuals to leave their homes but maintain social distancing
- Low-risk individuals should continue to minimize time spent in crowded environments
- Employers can allow workers to return to office environments
- Visits to senior care facilities and hospitals can resume with high standards of hygiene
- Large venues may also open under limited physical distancing protocols while bars can open with increased standing room occupancy

**CMS Releases Guidance for Reopening Non-Emergent, Non-COVID-19**

### **Healthcare Facilities**

CMS has released [guidance](#) for facilities located in areas which have a low, or relatively low and stable incidence of COVID-19 on how best to provide care for patients needing non-emergent, non-COVID-19 healthcare. The first phase of the agency's plan is recommended for localities that have reached the three pre-phasing process criteria listed in the White House's [Guidelines for Opening Up America Again](#) with low incidence or relatively low and stable incidence of COVID-19 cases.

CMS recommends the widespread use of all forms of telehealth as the first resort for care, but for care that cannot be offered virtually, the agency recommends that non-COVID-19 care should be consistent with all available public health information in collaboration with state public health authorities and offered to patients as clinically appropriate in localities or facilities that have the resources to provide such care and the ability to quickly respond to COVID-19 surges, if necessary. Healthcare systems or clinicians may re-start clinically necessary care for patients with non-COVID-19 needs or complex chronic disease management requirements if the following general considerations are met:

- The incidence and trends for COVID-19 in the area where re-starting in-person care are being considered are properly evaluated
- Necessity of the care is evaluated and based on clinical needs
  - Surgical/procedural care and high-complexity chronic disease management should be prioritized
- Consider creating Non-COVID Care (NCC) zones that would screen all patients for COVID-19 symptoms
  - Including routine staff screenings for healthcare and non-healthcare facility workers
  - Staff who work in NCC zones should not rotate into COVID-19 care zones
- Screening for potential symptoms of COVID-19 prior to entering the NCC facility
- Surgical facemasks for providers and staff at all times
- Procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as N95 masks and face shields
- Patients should at minimum wear a cloth face covering that can be bought or made at home

- Administrative and engineering controls should be established to facilitate social distancing
  - e.g. minimizing time in waiting areas, spacing chairs at least six feet apart, and maintaining low patient volumes
- Established plans for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs and decontamination for equipment used by COVID-19 patients
- Adequate levels of PPE supplies

### **CMS Announces New Nursing Home Transparency Regulations under COVID-19**

Late last night, CMS released [new regulations](#) requiring nursing homes to inform residents and their families and representatives of COVID-19 cases occurring within their facilities. Nursing homes must also now report COVID-19 cases directly to the CDC in accordance with existing privacy laws and regulations. A reporting tool for nursing homes to use to provide this data to CDC will be created and made publicly available. The information will also be used to assist in surveillance efforts surrounding the spread of COVID-19 and the subsequent public health response. The new regulations come amidst the spread of the virus in these facilities and the vulnerability of residents to infection.

## **Educational Opportunities:**

APG will host a **Deep Dive Webinar** on new CMS regulatory changes in Medicare Advantage and Medicare FFS, including important information on the new blanket waivers and special Stark waivers, on **Tuesday, April 21 at 2:00 pm ET**. You can register [here](#). More details to follow.

## **APG Members in Action:**

While our recent **COVID-19 Case Studies in Excellence webinar** focused on specific APG members, we know all of you are finding innovative ways to continue to care for the patients and communities you serve. If you'd like to **share your COVID-19 best practices or story**, please email [David Allen](#), APG Director of Communications, with a brief description of what you're doing and we'll do our best to communicate your good work across APG membership.

We are here to serve as a resource for you. Please don't hesitate to contact me [here](#) with any questions you may have or any situations within your practice that you want me to be aware of.

You can find more resources on our [COVID-19 web page](#). As always, please know that we are in constant contact with federal and agency officials and will share any additional news with you as soon as possible.

**Valinda Rutledge**  
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